

Name of property owner

Address of property owner

Address of authorized representative

Name of authorized representative (if different from taxpayer)

| | FORM | 131 | | |
|--------------------------------------|-------------|--------------------|----------|--|
| THIS PETITION MUST BE FILED WITH THE | | | | |
| C | OUNTY ASS | SESSOR | | |
| İ | PETITION NU | JMBER | | |
| Co. Dist. | Yr. | Prop. Class | Sequence | |

MARCH 1,

ZIP Code

ZIP Code

Area code and telephone number of property owner

State

State

Area code and telephone number of authorized representative

READ IMPORTANT FILING INFORMATION BEFORE COMPLETING THIS FORM

FILING INFORMATION

AN ORIGINAL AND ONE COPY OF THIS PETITION MUST BE FILED WITH THE COUNTY ASSESSOR

WHO MAY FILE THIS FORM: This form may be used by taxpayers, Township Assessors, and County Assessors to appeal assessments of real and personal property. The County Assessor must serve the taxpayer with a copy of this form if it is filed by the Township Assessor. The County Assessor must serve the taxpayer and township assessor with a copy of this form if it is filed by the County Assessor. Ind. Code § 6-1.1-15-3(f).

FILING DEADLINE: The Indiana Board of Tax Review will review the action of the County Property Tax Assessment Board of Appeals if this petition is filed with the County Assessor within 30 days after the Notification of Final Assessment Determination is given to the taxpayer. Ind. Code § 6-1.1-15-3.

MULTIPLE PARCELS OR TYPES OF PROPERTY: Petitioners wishing to appeal more than one parcel must file a separate petition form for each parcel. Petitioners wishing to appeal both personal and real property assessments for the same parcel must complete a separate petition form for each type of property. Please attach a list of related parcels currently under appeal.

| | to appear both personal and real p tach a list of related parcels currer | | trie same parcei | i musi complete a separate petition form for each | | | |
|---|--|---|---|---|--|--|--|
| ATTACHMENTS TO THIS PETITION: A copy of the underlying Form 130 petition, and a copy of the Notification of Final Assessment Determination (Form 115) must be attached to this petition. | | | | | | | |
| | | GENERAL INSTRU | ICTIONS | | | | |
| 3. The petition must be sign representative is an attor Is a power of attorney att 4. Certified Tax Representa | rney licensed to practice law in Ind tached? ☐ Yes [atives must attach a Tax Represer | zed representative. A rep diana, or a duly authorized ☐ No ntative Disclosure Statem | resentative musi d employee or co ent. 52 IAC 1-2 | | | | |
| Tax Review will return the fi defect to correctly complete | form to the petitioner and will desc the form and resubmit it to the In | ribe the defect to the peti diana Board of Tax Revie | tioner. The petiti w. If the resubm | mpleting this petition, the Indiana Board of ioner will then have 30 days from the date of notice of nitted form does not comply with the instructions a Checklist provided on page 4 before submitting petition. | | | |
| As a result of filing this p | etition, the assessment may inc | rease, may decrease, o | r may remain th | ne same. | | | |
| Check the type of property under appeal (check only one): | | | ☐ Real | ☐ Personal | | | |
| Is this property currently under appeal for another tax year? | | ☐ Yes | □ No | | | | |
| If yes, indicate ye | ear(s) and type of appeal(s): | | | | | | |
| | | PROPERTY AND PET | | | | | |
| County | Township | Parcel or Key numl | oer (for real proper | rty) | | | |
| Address of property | • | City | | ZIP Code | | | |
| Legal description provided on | Form 11 or Property Record Card (fo | or real property) , <u>or</u> busines | s name (for persor | nal property) Assessment year under appeal | | | |

City

City

| SECTION II: GROUNDS FO | R APPEAL | | | | | |
|---|---|---|---|--|--|--|
| | Land | Improvements | Personal Property | | | |
| The property described in SECTION I is currently assessed at: | \$ | \$ | \$ | | | |
| The petitioner contends that the property should be assessed at: | \$ | \$ | \$ | | | |
| For Real Property Appeals Only: | | | | | | |
| Present use for property: | | | | | | |
| Use for which property was designed: | | | | | | |
| Classification of property (commercial, residential, etc.): | | | | | | |
| Was property sold in the last 5 years? Yes No If yes, date of sale; sale price \$ Attach the purchase agreement, escrow statement, closing statement, or other evidence if available. If the buyer and seller were or are related or had any common business interests, attach an explanation of the relationship. | | | | | | |
| If the property was not sold but was listed for sale in the past 5 years, attach a copy of the listing agreement or other available evidence. | | | | | | |
| Has the property been appraised for any purpose (contemplation of sale or transcollateral, asset valuation) within the past 5 years? Yes No If yes, please list all appraisals and SPECIFY the type and purpose for each, | _ | | | | | |
| Is there casualty insurance on any improvements/structures located on the property? If so, please state the amount of property insurance coverage. \$ | | | | | | |
| If you were to sell your property, what do you estimate your 'asking price' would | d be? \$ | | | | | |
| Do you believe the market value of your property is higher or lower than the ass | essed value assigned | d to your property? | | | | |
| Do you possess evidence of the market value of your property? Yes If so, please identify the nature of the evidence. | | | | | | |
| Do you intend to present the testimony or report of a professional assessor/appraiser? | | | | | | |
| Is the property valued higher than comparable properties? | • . | the owner's name a | nd the address | | | |
| *Please attach supplemental pages for all requested information. | | | | | | |
| For All Appeals: | | | | | | |
| Please explain in detail the basis of your belief that the assessed value is incorred of evidence you intend to submit to show that the assessed value is incorrect. You think the constant the hearing of your Petition. However, it is important the assessment that you believe to be correct, must be presented at the hearing, and to the fair and efficient evaluation of this Petition, that you outline the case. Please be careful not to simply state conclusions such as the assessment sufficient detail in this segment will result in your Petition being returned to you for | ou are not required to nt that you realize tha aring. Consequent to type(s) of evidence is too high, or the ass | submit the actual event specific evidence by, it proves most be you expect to use in sessment is wrong. (| vidence you may be, fully supporting neficial to all presenting your Failure to provide | | | |
| Basis of belief that assessment is incorrect: | | | | | | |
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| | | (Contir | nued on next page) | | | |

| SECTION II: GROUNDS FOR APPEAL - CONTINUED |
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| Statement and outline of type(s) of evidence you intend to submit to support your belief that assessment is incorrect: |
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| SECTION III: SMALL CLAIMS OPTION |
| NOTICE: If your property is assessed at less than \$1,000,000 this petition shall automatically be processed as a small claim and administered under the Indiana Board of Tax Review (IBTR) rules governing small claim petitions. You are strongly encouraged to review both the small claims rules and the more formal procedural rules governing non-small claims*, available on our website at http://www.in.gov/ibtr/ , before making the election below. |
| * IBTR rules are authorized by Indiana Code § 6-1.5-6-1 and 2, and are published in the Indiana Administrative Code at 52 IAC 2 and 3. |
| PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY AND INDICATE YOUR DESIRED ELECTION BY CHECKING ONE OF THE TWO BOXES BELOW. |
| By indicating below that you accept the small claims process, the undersigned Petitioner agrees that the administration of this Petition shall be conducted in accordance with the IBTR rules and procedures for small claims. The small claims procedures are designed to expedite the petition review process. In order to accomplish that goal the process necessarily places restrictions and limitations on how the preceedings may be conducted. By this election Petitioner specifically agrees to, and accepts, the restrictions and limitations specified by the IBTR small claims procedures. ACCEPT SMALL CLAIMS |
| By indicating below that you wish to opt-out of the small claims process, the undersigned Petitioner agrees that the administration of this Petition will be conducted in a formal adjudicatory fashion in accordance with the IBTR rules and procedures for non-small claims formal hearings. Formal hearings require significant time and resources, and typically are not resolved in the most expeditious manner. The formal hearing procedures can be legalistic in nature and include the potential application of discovery procedures similar to those established by the Indiana Trial Rules. By making this election Petitioner specifically agrees to, and accepts, that the petition will be subject to legalistic procedures, including discovery requests from all parties and their legal representatives. OPT-OUT OF SMALL CLAIMS |
| Petitioner signature |

SECTION IV: SIGNATURES PETITIONER, TAXPAYER, OR DULY AUTHORIZED EMPLOYEE OR CORPORATE OFFICER OF THE TAXPAYER I certify that my entries in SECTION I and SECTION II are accurate to the best of my knowledge and belief. I also understand that by appealing my assessment, my assessment may increase, may decrease, or may remain the same Date signed (month, day, year) Signature of petitioner, taxpaver or duly authorized officer Title (please print or type) Printed or typed name of petitioner, taxpayer or duly authorized officer **TAX REPRESENTATIVE** I certify that the entries in SECTION I and SECTION II are accurate to the best of my knowledge and belief. I certify that I have viewed this property, the property record card, and the Form 115, and that I have the authority to file this appeal on behalf of the taxpayer. I certify that I have made all necessary disclosures to my client, pursuant to 52 IAC 1-2-2. Date signed (month, day, year) Signature of tax representative Printed or typed name of tax representative ATTORNEY REPRESENTATIVE I certify that the entries in SECTION I and SECTION II are accurate to the best of my knowledge and belief. Date signed (month, day, year) Signature of attorney representative Attorney number Printed or typed name of attorney representative **FORM 131 CHECKLIST** ☐ I have reviewed and attached the Notification of Final Assessment Determination (Form 115) ☐ I have attached a copy of the Form 130 ☐ I have reviewed the property record card (for Real Property appeals only) If I am appealing both real property and personal property assessments, I have filed separate petitions for each type of property I have checked the type of property under appeal (real or personal) on page 1 \square I have identified any other pending appeals for this parcel on page 1 I have attached all real property sales and appraisal information, as required by Section II I have provided a statement and outline of the type of evidence I intend to submit (Section II) I have explained in detail the basis for my belief that the assessment is incorrect (Section II) I have reviewed Section III, selected a small claims option, and provided signature ☐ If this petition is being filed by an authorized tax representative, a duly executed power of attorney and Tax Representative Disclosure Statement is attached I have completed Section I, Section II, Section III, and Section IV of this petition I have signed this petition (Section IV) If there are other related parcels currently under appeal, a listing of these parcels has been attached